

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Nicole Veasley

COURT CASE NUMBER

05-615 GMS

DEFENDANT

Newark Housing Authority, et al.

TYPE OF PROCESS

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

David B. Mahaney

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

c/o Newark Housing Authority, 313 East Main Street, Newark, Delaware 19711

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Karen L. Valihura, Esq.  
One Rodney Square  
P.O. Box 636  
Wilmington, DE 19899-0636Number of process to be  
served with this Form 285

5

Number of parties to be  
served in this case

5

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Home: 31 W. Cherry Street, Rising Sun, MD 21911  
Business: Newark Housing Authority, 313 East Main Street, Newark, DE 19711  
(302) 366-0826 (Monday-Friday 9:00 am - 5:00 pm)

Fold

Signature of Attorney other Originator requesting service on behalf of:

*Karen L. Valihura*☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(302) 651-3140

DATE

9/8/05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No.

District to  
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

5 Brown Cr  
Elletts MD

Date

10/12/05

Time

3:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

*BTR*

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED